

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF <u>Emmitt Grier, JR.</u>	COURT CASE NUMBER <u>CA-05-0005 Erie</u>
DEFENDANT	TYPE OF PROCESS

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Commonwealth of Pa.

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Home Office Suite 900
The Widener Bldg, One South Penn Square, Philadelphia, PA 19107

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

<p>Number of process to be served with this Form 285</p> <p>Number of parties to be served in this case</p> <p>Check for service on U.S.A.</p>	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Signature of Attorney other Originator requesting service on behalf of:

☐ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. <u>68</u>	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

LOUIS P. PAOLONE, JR.

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date 4 JAN 06 Time 11:00 ☒ am ☐ pm

Signature of U.S. Marshal or Deputy
[Signature] CAUSW

Service Fee <u>\$45.00</u>	Total Mileage Charges including endeavors	Forwarding Fee <u>8.00</u>	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <u>\$53.00</u>
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REMARKS: TO PHILADELPHIA
Endorsed 11/14/05 - Address is for
Commonwealth Court not Commonwealth of PA

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED